Wisconsin Department of Health Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 410083 | A. BUILDING: _____ B. WING _____ | R-C 04/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CLARITY CARE THIRD STREET HOUSE | 225 THIRD ST NEENAH, WI 54956 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| {N 000} | Initial Comments<br><br>On 04/30/2025, Surveyor investigated one complaint and conducted a verification visit at Clarity Care Third Street House. One of 1 complaint was unsubstantiated. Two of 2 previous deficiencies were corrected and one new deficiency was identified.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 5 | {N 000} | | |
| N 163 | 83.12(4)(a) Reporting when resident's whereabouts unknown<br><br>A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time a resident ' s whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the CBRF, the CBRF shall notify the local law enforcement authority immediately upon discovering that a resident is missing. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure they reported to the department an incident when a resident's whereabouts were unknown for Resident 1.<br><br>Findings Include:<br><br>On 04/30/2025 at approximately 9:15AM, | N 163 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| N 163 | Continued From page 1<br><br>Surveyor reviewed Resident 1's incident report dated 04/14/2025. The incident report noted the caregiver on duty found the bathroom floor flooded and there were water bottles scattered in the hallway. The caregiver went to find Resident 1 to see if s/he knew what happened. The incident report stated, " ...Staff found [him/her] on the cement patio laying face down. Staff suggested [s/he] get up and go in the house. [S/he] said [s/he] didn't have to and yelled [expletive] you several times at staff ...went out to see how [s/he] was doing and [s/he] was gone. Staff could see someone that resembles [him/her] walking down the sidewalk ..."<br><br>On 04/30/2025, at 9:06AM, Surveyor interviewed Manager A. Manager A explained this was the only time Resident 1 eloped from the home. Manager A reported Resident 1 made it all the way to the Menasha Library.<br><br>On 04/30/20205, at approximately 9:10AM, Surveyor interviewed Division Administrator B (DA-B). DA-B reported s/he notified Resident 1's care team and guardian about the elopement. DA-B confirmed s/he did not report the elopement to the department.<br><br>On 04/30/2025, at approximately 1:48PM, Surveyor entered the home address 225 3rd St., Neenah, WI 54956 to the Menasha Public Library in Google Maps to determine the distance. The distance between the home and library was 1.2 miles.<br><br>On 04/30/2025, at 1:52PM, Surveyor reviewed the department's e-file for the facility. Surveyor confirmed the incident as not reported to the department. | N 163 | | |